

AUDIT SUMMARY REPORT

for

Lancashire Fire & Rescue Service





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Audit Type:	Stage Two Audit
Organisation:	Lancashire Fire & Rescue Service
Address:	Garstang Road , Fulwood , Preston , Lancashire , PR2 3LH
Standard:	OHSAS 18001:2007
Client Representative(s):	Mr Martin Fish, Miss Bekki Ford, Mr Chris Kenny, Mrs Julie Lamb, Mr Bob Warren
Total number of employees:	1242
Applicable employees:	53
Site(s) audited:	As Above
Additional Site(s) audited:	Byrom Street, Blackburn, BB2 2LE Union Street, Darwen, BB3 0DA Garstang Road, Fulwood, Preston, PR2 3LH Queen Street, Great Harwood, BB6 7AL Manchester Road, Haslingden, BB4 6NL Westway, Euxton, Chorley, PR7 6DH
Date of Audit:	06 February 2018
Lead Auditor:	Stephen Tattersall
This report is confidential and distribution is limited to the audit team, client representative and the British Assessment Bureau (BAB) office.	

1. Audit Objectives

Stage 2 Audit

- to confirm that the management system conforms with all of the requirements of OHSAS 18001:2007;
- to confirm the Scope statement; represents the organisation's certified activities on the Certificate of Registration;
- to review the organisation's compliance with relevant H&S legislation, regulations and standards;
- to confirm that the organisation has effectively implemented the H&S;
- to confirm that the H&S is capable of achieving the organisation's policies and objectives;
- to review links between the internal audits, management reviews and continuous improvement;
- as applicable, identification of areas for potential improvement of the management system.

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2. Scope(s) of certification

The provision of fire, rescue and supporting services across Lancashire

3. Current audit findings and conclusions

The BAB Audit Team conducted a process-based audit, focussing on significant aspects, risks and objectives as required by OHSAS 18001:2007.

The audit methods used were interviews, observation of activities and review of documentation and records.

The structure of the audit was in accordance with the audit plan and audit planning process.

The Audit Team has concluded that Lancashire Fire & Rescue Service has established and maintained their management system in line with the requirements of OHSAS 18001:2007 and that they have demonstrated the ability of the System to systematically achieve agreed requirements for products or services within the Scope of the organisation's policy and objectives.

Number of nonconformities identified	0	Major	0	Minor
Number of opportunities for improvement identified	1			

Based on the results of this audit and the system's demonstrated state of development and maturity, initial management system certification is recommended. This recommendation will be independently verified by the British Assessment Bureau Head Office.

4. Recommendation Justification

The Health and Safety management system has been comprehensively documented within the integrated Environmental and Health and Safety Management System and is communicated to all staff via the intranet. Supporting service orders, policies, procedures, work instructions and SHE documents are also in place on the system. The headline documents are their Environmental service order section 2 V7 dated 24-01-2018 and the Health and Safety service order section 2 V5 dated 22-11-2017. Management reviews are held on an annual basis and cover all required OHSAS 18001:2007 inputs. Risk assessments and service orders have been completed for all relevant activities. Internal audits have been planned and carried out of their Health and Safety management system and operational activities. Accidents, incidents and near misses are reported and recorded.

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5. Audit Findings (General)

5.1 - Confirmation of Scope

The scope of certification has been determined as "The provision of fire, rescue and supporting services across Lancashire". The above scope accurately describes their business activities at this time.

5.2 - Opening Meeting

The opening meeting was attended by Julie Lamb (Head of SHE), Martin Fish (Health and Safety Advisor), Bekki Ford (SHE Advisor), Bob Warren (Director of People and Development) and Chris Kenny (Chief Fire Officer), there were no health and safety issues to report and no fire drills were planned. The audit plan, process and timing were explained. NC's raised during the previous audit were reviewed and had been fully addressed.

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5.3 - Overview of the Organization

Lancashire Fire and Rescue Service (LFRS) employs 1237 staff from forty-one locations 39 fire stations, plus a Headquarters site in Preston and a Training Centre in Chorley which also includes an Urban Search and Rescue facility. Lancashire Combined Fire Authority delivers a fire and rescue service to the whole of Lancashire, raising awareness about fire safety through visiting homes and schools, enforcing fire safety laws; being available 24 hours a day, 365 days a year to respond to emergencies.

The context of the organisation has been fully defined and included within the integrated Environmental and Health and Safety Management System and is communicated to all staff via the intranet. Supporting service orders, policies, procedures, work instructions and environmental documents are also in place on the system. The headline documents are their Environmental service order section 2 V7 dated 24-01-2018 and the Health and Safety service order section 2 V5 dated 22-11-2017.

The following sites were visited and relevant operations and records were seen as follows:

Blackburn

- Operate a 2-2-4 shift system with 4 watches of 13 staff each
- Twice/day checks of equipment are carried out using a 2C47 Duty Sheet, this was evidenced for 08-02-2018
- Handover sheets record any issues, evidence was seen for no gas monitors on run L71P2 dated 31-01-2018
- SHE Policy Statement in place on the notice board
- Carbon management plan for Blackburn
- Site tour included areas for administration, coms room, watch room, kitchen/dining area
- PPE daily checks
- Site specific risk plans i.e. Blackburn Hospital
- Evacuation Plan for Blackburn
- PAT testing carried out January 2018
- Fire extinguishers serviced February 2017
- COSHH viewed on Radar system for Disinfectant Cleaner (RD3) MSDS dated 05-01-2010
- Analytical risk assessment viewed for V10 polymers Blackburn dated 13-11-2017
- Residual and waste bins in place
- KPI monthly report, evidenced for Accidental Dwelling Fires (Cooking related issues are highest at the moment)

Chorley

- Delivering training and development and refresher training for new recruits
- Site tour included training areas for incident command, pumping, ladder work, Gym, firehouse, road traffic accident, backdraft, galleries 1 Wylfa Prop height and confined space, 2 Fire training prop, 3 Multi compartment firefighting prop
- PDR Pro and Learn Pro presentation, evidence was seen for James Butcher's planned training for road traffic collisions and trauma
- SHE Policy Statement in place on the notice board
- Accident, incident and near miss reporting, evidenced for incident dated 11-01-2018 for a twisted knee due to running with a hose
- Demonstration seen in Gallery 3 for Paraffin burning training, the DSEAR risk assessment (HSA21) and training centre risk assessment and work instruction were seen dated 15-09-2017

Darwen

- Operate a 13 firefighter whole time watch on a flexible duty system and 12 retained firefighters
- Twice/day checks of equipment are carried out using a 2C47 Duty Sheet, this was evidenced for 11-02-2018
- The Garton system is used for resource availability
- SHE Policy Statement in place on the notice board
- Carbon management plan for Darwen

- Operational Debrief viewed for Liverpool Ecco Arena dated 01-01-2018
- Incident report viewed for 28 Perry Street (Cooker Incident) dated 11-02-2018
- PPE daily checks
- BA tests viewed in logbook dated 12-02-2018
- PAT testing carried out February 2017
- Business continuity plan for Darwen dated 18-03-2016
- Working at height kit viewed (FSVT17001)
- Ladder viewed (FLDA14043)
- Water rescue equipment viewed in kit bag

Haslingden

- Operate 1 fire appliance with 12 staff, some dual contract others are retained
- SHE Policy Statement in place on the notice board
- Carbon management plan for Haslingden
- Site tour included areas for administration, kitchen, training room and engine house
- PPE cupboard, dirty suits are cleaned as required and are scanned in the system
- Helmet water rescue/working at height viewed (FDHP15091)
- Ladders viewed (FLBJ15007)
- Analytical risk assessment viewed for RTC at Sheephouse Farm dated 05-02-2018
- Site fire risk assessment viewed dated 11-05-2015
- PAT testing carried out October 2017
- Spillage kit (P75) in place
- Residual and waste bins in place
- Business continuity plan viewed for Haslingden dated 26-08-2017

Great Harwood

- Operate 1 fire appliance and have 1 reserve appliance with 3 staff on a dual contract and 8 retained firefighters
- SHE Policy Statement in place on the notice board
- Site tour included areas for administration, training, coms room, engine house, kitchen
- Incident mobilisation message viewed for RTC at Mitton Road, Clitheroe
- PPE, dirty suits are cleaned as required and are scanned in the system
- Fire risk assessment viewed for Great Harwood dated 19-11-2017
- PAT testing carried out April 2017
- Residual and waste bins in place
- Business continuity plan viewed for Great Harwood dated 28-08-2017
- HSE law poster in place
- Building Safety and Environmental information file in place
- Weekly equipment test schedule viewed
- Learn Pro training course modules attendance
- PDR Pro training plan in place for all staff
- SHE summary report and SHE objectives and targets for 2017

5.4 - Objectives, Targets and programmes

The Health and Safety and Environmental Objectives are documented within a SHE Objectives and Targets Plan (2017-2018), the objectives are reviewed and agreed by Top management on an annual basis, a health and safety objective was seen as follows:

- Accidents, incidents and near misses - These are recorded on a SHE REP form and statistics are compiled for each site by HQ and are reviewed quarterly via the HSEAG meeting - The report for Q1/Q2 2017 was seen which included the following:
- Major RIDDORS - 0
- RIDDORS and lost time (over 7 days) - 7
- Duty days lost - 79
- Minor accidents/incidents - 27
- Near misses - 32
- Attacks on staff - 11

5.5 - Management Review

Management review meetings are held on an annual basis. The last review was held on 19-06-2017 and included all the required OHSAS 18001:2007 inputs. The report is compiled and is submitted to the HSEAG meeting for review, the last

HSEAG meeting was evidenced dated 18-01-2018 and 12 attendees were present.

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5.6 - Communication and Responsibilities

Leadership and commitment has been defined within their Health and Safety management system and roles and responsibilities have been detailed for all of the Top Management Team, an example was seen for The Director of Strategy and Planning (DOSP). The Top Management Team provides evidence and commitment to the development and implementation of the management system and continually improving its effectiveness by:-

- Communicating to the organisation the importance of meeting community and applicable statutory and regulatory requirements
- Establishing the SHE Policy statement
- Ensuring health and safety objectives are established for appropriate elements of the management system
- Conducting management reviews
- Ensuring the availability of resources

Within the process based audit, communications were evidenced both internally and externally. An interview took place with the Communications Department to ascertain if communication channels were successful and cited the Company Intranet, weekly bulletins, station visits and the staff survey as key communication tools, the weekly routine bulletin was seen dated 31-01-2018 and included leadership and development, risk assessments, service order changes, environmental protection service order. The intranet includes service orders, what you need to know, departments, performance, SHE policy and the annual review meeting.

External communications include incidents, safety advice via social media, radio, campaigns etc. An example was seen for "Cook Safe" 2018.

An organisation chart is in place on the system and is up to date, roles and responsibilities have been defined for all management and staff roles within job descriptions, the description was evidenced for "The Head of Safety, Health and Environment" which included duties and responsibilities.

The resources include Lancashire Combined Fire Authority, Chief Fire Officer, Exec Board, Director of People and Development, Service Management Team, Head of SHE, Strategic Group, HSE Advisory Group, SHE Dept, Protection, Prevention and Response Task Group, LFRS Managers, LFRS Employees and Employee Representatives.

Roles and responsibilities are detailed within section 2 of the Environmental and Health and Safety service orders.

Training and development is carried out and is managed via the PDR Pro and Learn Pro systems, the PDR Pro system was seen and included training on 9 Core Skills such as BA and TAC Vent, Command and Control, Pumps, Ladders and Hazmat, the training is planned on a 12 month calendar. M. Pendlebury's training was seen for the Command Unit which was completed 04-02-2018.

The Learn Pro system (e-learning) was seen which included Environmental Protection which was completed for Blackburn site dated 02-02-2018.

Planned training was seen for Darwen Firefighter James Butcher b0860 (Competent) E76 Day Crew + for Road Traffic Collision and Trauma.

Course feedback forms are completed and were seen for the Gas Cooling training, excellent scores were evidenced.

Formal annual appraisals are in place to record staff performance, Jayne Hutchinson's appraisal was seen dated 15-01-2018.

One to ones are carried out for staff on a regular basis, Jayne Hutchinson's one to one was evidenced dated 17-01-2018.

An employee handbook dated December 2017 is given to all staff.

Notice boards are included in all sites, documents seen included the SHE policy statement, HSE law poster, SHE objectives and targets and business continuity plan.

5.7 - Risk Assessments

Risk assessments are included in the RADAR system which can be accessed by all staff, risks are split up into areas of COSHH, operational, equipment, premises, fire, training, fire appliances and vehicles, non-operational roles and tasks, An

operational risk assessment was seen as follows:

- Firearms Incidents - The risk assessment included the tasks, nature of hazards, who is at risk, existing controls, scoring, any additional control measures and links to relevant service orders - Controls are detailed in the service orders and were seen for Firearms Incidents (OPS 630) V2 dated 09-10-2015.

Also evidenced was an Analytical Risk Assessment for an organisation V10 Polymers in Blackburn dated 13-11-2017.

COSHH assessments and MSDS are in place for all substances, these are included on the RADAR system. The COSHH assessment for Anti Freeze (C19) HSA6 was seen dated 11-11-2016 and the MSDS was seen dated 29-09-2016.

5.8 - Internal Audits

There is a procedure in place for carrying out internal audits.

Audits of their Health and Safety Management System and operational activities are planned and carried out. A report was seen as follows:

- 07-09-2017 - PPE Contamination and Guidance to Staff - A contamination action plan is to be taken to the HSEAG meeting for agreement and allocation of actions to be monitored through to completion - Action plan presented at HGEAG meeting. Closed 07-09-2017.

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5.9 - Legal Compliance

Legislation applicable to LFRS is fully known and their Head of SHE Julie Lamb is responsible for ensuring that any changes are brought to the HSEAG meetings attention to determine the impact to the organisation. LFRS subscribe to New Ground (ELUS) and Barbour and review via their systems any changes to legislation.

Applicable legislation has been documented within a Legal Register which is reviewed on an annual basis, details include a general summary, requirements, enforcement body, LFRS compliance status and referenced documents. Acts were viewed as follows:

- Water Industry Act 1991 as amended by Water Industry Act 1999 - Compliance was marked as Green.
- Environmental Protection Act 1990 Part 11A - Compliance was marked as Green.

Insurances are in place for employers, product and public liability expire 31-03-2018.

PAT testing was carried out in June 2017.

Fire Engine Maintenance is carried out under a service level agreement with Lancashire County Council, evidence was seen for vehicle PK63 FUF at the Clitheroe site dated 18-01-20118.

The Tranman system was seen for LOLER inspections, Appliance for vehicle PN04 VAX was inspected by Angloco certificate B14797 dated 04-12-2017.

A Harness inspection was seen (FSIN 17012) dated 15-12-2017. A PUWER inspection was seen for a Duo Pump (FHDH09004) dated 19-05-2017. Both items of equipment were verified during the visit to the Blackburn site.

Fire extinguishers were serviced in November 2017.

COSHH assessments are in place on the Radar system and were evidenced for Anti Freeze (C19) HSA6 dated 11-11-2016, the MSDS was seen dated 29-09-2016.

A Health Safety Law poster is displayed and all FBU safety representatives are listed on the system.

5.10 - Use of the Certification Mark

Not applicable for this audit.

5.11 - Closing Meeting

The closing meeting was held, present was Julie Lamb (Head of SHE), Martin Fish (Health and Safety Advisor), Bekki Ford (SHE Advisor) and Chris Kenny (Chief Fire Officer). The results of the assessment were presented and accepted as an accurate representation of the audit.

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6. Non-Conformities

Type	Clause	Summary
No Non-Conformances Found		

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7. Review of All Previous Audit Results

Major 4.4.2

Finding: The organisation shall ensure that any persons under its control performing tasks that can impact on OHSAS is/are competent on the basis of appropriate education, training or experience and shall retain associated records. Evidence: There were no records made available for the stage 1 remote audit, these will be verified as part of the process based stage 2 audit - Evidenced all records during the stage 2 audit (Closed).

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8. Trend Analysis

The Health and Safety management system has been comprehensively documented within the integrated Environmental and Health and Safety Management System and is communicated to all staff via the intranet. Supporting service orders, policies, procedures, work instructions and SHE documents are also in place on the system. The headline documents are their Environmental service order section 2 V7 dated 24-01-2018 and the Health and Safety service order section 2 V5 dated 22-11-2017. Management reviews are held on an annual basis and cover all required OHSAS 18001:2007 inputs. Risk assessments and service orders have been completed for all relevant activities. Internal audits have been planned and carried out of their Health and Safety management system and operational activities. Accidents, incidents and near misses are reported and recorded.

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9. Opportunities for Improvement

Details

OFI-1 An improvement is planned for LFRS documentation management using the "SharePoint" system, it was observed that the SHE documents were version controlled but in other areas some documents did not include full version control.

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10. Certification Cycle Assessment Plan (from 2018 to 2021)

Business function/Process	Stage Two Audit	1st Surveillance Audit	2nd Surveillance Audit	Recertification Audit
Policy and Objectives	✓	P	P	P
Document and records management	✓	P	P	P
Management review	✓	P	P	P
Legal and other requirements	✓	P	P	P
Internal Audits, Corrective/Preventative Action	✓	P	P	P
Targets/Programmes	✓	P	P	P
Aspects and Impacts	✓	P	P	P
Measurement, analysis and improvement	✓	P	P	P
Previous audit findings	✓	P	P	P
Client Site Visit	tbc	tbc	tbc	tbc

P = Planned

✓ = Done

✗ = Excluded

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11. Plan for next Assessment

Time	Assessment Activity
09.00	Arrive on site
	Opening Meeting
	Tour of Premises
	Overview of Organisation.
	Review - Health & Safety Policy. Review non-conformities, observations / recommendations from previous audit.
	Objectives, Targets and programmes
12.30	Lunch
	Management Review Process
	Communication and Responsibilities
	Risk Assessments
	Internal Audits - schedule and reports
	Legal Compliance
	Use of Quality Mark (where applicable)
16.00	Auditor collating information and preparing for closing meeting.
16.30	Closing Meeting: audit conclusions, recommendation, methodology used, next steps, client questions.

12. Assessment Notes

- a. The assessment was based on sampling and therefore non-conformities may exist which have not been identified.
- b. If you wish to distribute copies of this report external to your organisation then all pages must be included.
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13. Audit Findings (Technical)

The Occupational Health & Safety Policy was clearly defined	✓
Risk Assessments had been conducted	✓
Resources, roles and responsibilities had been allocated	✓
Communication and participation methods were all in place	✓
Objectives and targets had been established	✓
Legal Requirements had been identified and the organisation demonstrated full compliance to them	✓
Performance measurement and monitoring systems were in place	✓
The Significance of the Legal Requirements had been established	✓
A system for conducting internal audits was in place	✓;
Certification claims are accurate and in accordance with certification Terms & Conditions	✓
The client has a copy of the current version of the audit standard	✓

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